

Fleenor

Please print or type in the unshaded areas only.

Form Approved. OMB No. 2040-0066.

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
				S TN0025178	
				F	
				1 2 13 14 15	
LABEL ITEMS		TN0025178 AKARD JUBAL YENNIE, DIRECTOR P.O. BOX 306 BLOUNTVILLE, TN 37617		GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		Mark "X" YES NO FORM ATTACHED		SPECIFIC QUESTIONS	
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2B)	
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)		X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY		AKARD ELEM. SCHOOL			
IV. FACILITY CONTACT		A. NAME & TITLE (last, first, & title) TESTER DAVID LABTECH OPERATOR B. PHONE (area code & no.) (423) 354-1160			
V. FACILITY MAILING ADDRESS		A. STREET OR P.O. BOX P. O. BOX 306 B. CITY OR TOWN BLOUNTVILLE C. STATE TN D. ZIP CODE 37617			
VI. FACILITY LOCATION		A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 222 MOUNT AREA DR. B. COUNTY NAME SULLIVAN C. CITY OR TOWN BLOUNTVILLE D. STATE TN E. ZIP CODE 37617 F. COUNTY CODE (if known)			

Certified mail #

CONTINUED FROM THE FRONT

## VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
C	7									C	7								
(specify)										(specify)									
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. THIRD										D. FOURTH									
C	7									C	7								
(specify)										(specify)									
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

## VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?									
C	8	S	U	L	L	I	V	A	N	COUNTY DEPT. OF EDUCATION									
										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
15	16	17	18	19	20	21	22	23	24										

## C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify)

F = FEDERAL	M = PUBLIC (other than federal or state)	M	(specify)
S = STATE	O = OTHER (specify)		
P = PRIVATE			

## D. PHONE (area code &amp; no.)

C	A	(423)	354-1000
15	16	17	18

## E. STREET OR P.O. BOX

P.O. BOX 306
20

## F. CITY OR TOWN

C	B	B	L	O	U	N	T	V	I	L	L	E
15	16	17	18	19	20	21	22	23	24	25	26	

## G. STATE

TN
40

## H. ZIP CODE

37617
41

## IX. INDIAN LAND

Is the facility located on Indian lands?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
52

## X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
C	T	I								C	T	I							
9	N									9	P								
TN 0025178																			
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
C	T	I								C	T	I							
9	U									9									
										(specify)									
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
C	T	I								C	T	I							
9	R									9									
										(specify)									
15	16	17	18	19	20	21	22	23	24	15	16	17	18	19	20	21	22	23	24

## XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

## XII. NATURE OF BUSINESS (provide a brief description)

School.
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INDIANA DEPARTMENT OF ENVIRONMENT  
Pollution Control

## XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Jubal Yennie Director of Schools	<i>Jubal C. Yennie</i>	8/27/12

## COMMENTS FOR OFFICIAL USE ONLY

C																			
15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34

Please print or type in the unshaded areas only.		EPA ID Number (copy from Item 1 of Form 1)		Form Approved. OMB No. 2040-0086. Approval expires 5-31-92.			
FORM <b>2E</b> NPDES		<b>Facilities Which Do Not Discharge Process Wastewater</b>					
<b>I. RECEIVING WATERS</b>							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
1	36	33	48	82	15	39	Unnamed tributary at mile 0.7 into Back Creek.
<b>II. DISCHARGE DATE</b> (If a new discharger, the date you expect to begin discharging)							
<b>III. TYPE OF WASTE</b>							
A. Check the box(es) indicating the general type(s) of wastes discharged.							
<input checked="" type="checkbox"/> Sanitary Wastes <input checked="" type="checkbox"/> Restaurant or Cafeteria Wastes <input type="checkbox"/> Noncontact Cooling Water <input type="checkbox"/> Other Nonprocess Wastewater (Identify)							
B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.							
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<b>IV. EFFLUENT CHARACTERISTICS</b>							
A. <b>Existing Sources</b> — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions). B. <b>New Dischargers</b> — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).							
Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3) Number of Measurements Taken (last year)	(4) Source of Estimate (if new discharger)	
	Mass	Concentration	Mass	Concentration			
Biochemical Oxygen Demand (BOD)	36 mg/L	0.92 LBS/DAY	16.9 mg/L	0.43 LBS/DAY	11.00		
Total Suspended Solids (TSS)	230 mg/L	5.91 LBS/DAY	31.58 mg/L	0.82 LBS/DAY	11.00		
E. coli (if believed present or if sanitary waste is discharged)	6390 cfu/100 mL		3010 cfu/100 mL		11.00		
Total Residual Chlorine (if chlorine is used)	1.96 mg/L		0.65 mg/L		78.00		
Oil and Grease							
*Chemical oxygen demand (COD)							
*Total organic carbon (TOC)							
Ammonia (as N)							
Discharge Flow	Value 0.0031 MGD		0.0128 MGD		196.00		
pH (give range)	Value 9.3		7.82		74.00		
Temperature (Winter)			°C		°C		
Temperature (Summer)			°C		°C		
*If noncontact cooling water is discharged							

Bryan Fleener 9/17/2012





Tennessee Department of Environment and Conservation  
Division of Water Pollution Control  
401 Church Street, 6<sup>th</sup> Floor L & C Annex  
Nashville, TN 37243-1534  
Phone: (615) 532-0625

### PERMIT CONTACT INFORMATION

Please complete all sections. If one person serves multiple functions, please repeat this information in each section.

PERMIT NUMBER: TN0025178 DATE: September 5, 2012  
PERMITTED FACILITY: AKAD COUNTY: Sullivan

#### OFFICIAL PERMIT CONTACT:

(The permit signatory authority, e.g. responsible corporate officer, principle executive officer or ranking elected official)

Official Contact: <u>Jubal Yennie</u>	Title or Position: <u>Director of Schools</u>
Mailing Address: <u>P.O. Box 306</u>	City: <u>Blountville</u> State: <u>TN</u> Zip: <u>37617</u>
Phone number(s): <u>423-354-1000</u>	E-mail:

#### PERMIT BILLING ADDRESS (where invoices should be sent):

Billing Contact:	Title or Position:
Mailing Address: <u>P.O. Box 306</u>	City: <u>Blountville</u> State: <u>TN</u> Zip: <u>37617</u>
Phone number(s): <u>423-354-1000</u>	E-mail:

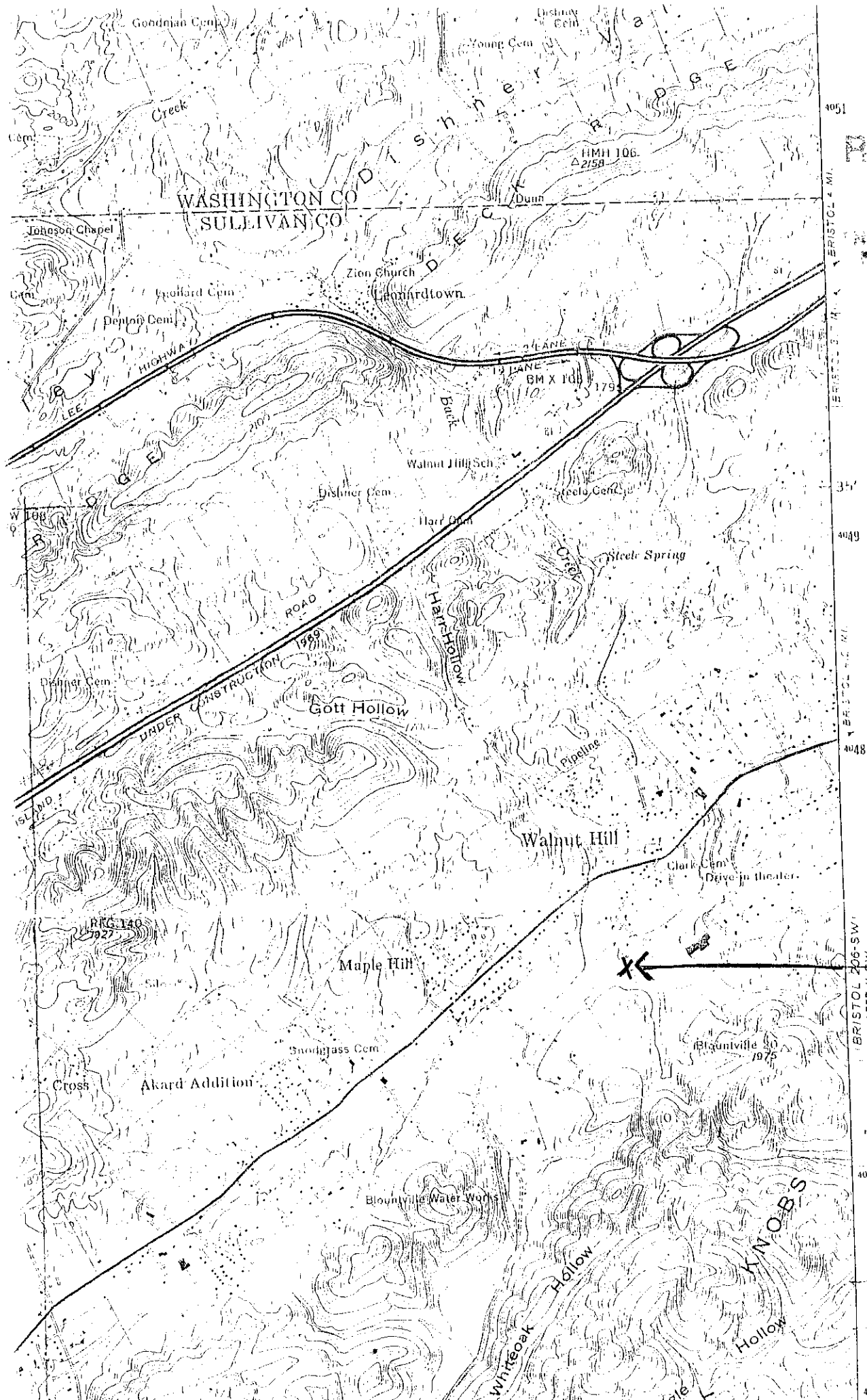
#### FACILITY LOCATION (actual location of permit site and local contact for site activity):

Facility Location Contact: <u>Bryan Fleenor</u>	Title or Position: <u>Operator, Lab Tech</u>
Facility Location (physical street address): <u>222 Mount Area Drive</u>	City: <u>Blountville</u> State: <u>TN</u> Zip: <u>37617</u>
Phone number(s): <u>354-1160</u>	E-mail:

Alternate Contact (if desired):	Title or Position:
Mailing Address: <u>P.O. Box 306</u>	City: <u>Blountville</u> State: <u>TN</u> Zip: <u>37617</u>
Phone number(s): <u>423-354-1160</u>	E-mail:

#### FACILITY REPORTING (Discharge Monitoring Report (DMR) or other reporting):

Cognizant Official authorized for permit reporting:	Title or Position:
Mailing Address:	City: State: Zip:
Phone number(s):	E-mail:
Fax number for reporting:	Does the facility have interest in starting electronic DMR reporting? Yes No



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TENNESSEE DIVISION OF WATER  
POLLUTION CONTROL

Akard  
TN00251  
Long 82° 15' 3"

LAT. 36° 33' 4"